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## RESEARCH

### Educação permanente para os agentes comunitários de saúde em um município do norte de Minas Gerais

A permanent education for community health agents in a city in the north of Minas Gerais

Educación permanente para agentes de salud comunitarios en una ciudad en el norte de Minas Gerais

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#### ABSTRACT

**Objective:** to know the actions of permanent education developed for Community Health Workers in the municipality of Montes Claros-Minas Gerais. **Method:** a qualitative study conducted with 15 Community Health Agents. The data were collected through interviews and analyzed using the Collective Subject Discourse. The study was approved by the Ethics Committee in Opinion 880/2007. **Results:** in 40% of the teams surveyed, the permanent education process did not occur. The agents reported that the overload of activities developed by the team contributed to the absence of completion of the permanent education. The choice of topics covered in permanent education was based on the daily practice of the Agents, in the Director of Primary Care Plan and is generally chosen by the coordinators. **Conclusion:** thus, it is necessary to raise awareness about the importance of permanent education for the qualification of the labor process of CHA. **Descriptors:** community health agents, health education, family health.

#### RESUMO

**Objetivo:** conhecer as ações de educação permanente desenvolvidas para os Agentes Comunitários de Saúde do município de Montes Claros- MG. **Método:** estudo qualitativo realizado com 15 Agentes Comunitários de Saúde. Os dados foram coletados por meio da entrevista e analisados por meio do Discurso do Sujeito Coletivo. O estudo foi aprovado pelo Comitê de Ética sob o Parecer 880/2007. **Resultados:** em 40% das equipes pesquisadas, o processo de educação permanente não ocorria. Os Agentes relataram que a sobrecarga de atividades desenvolvidas na equipe contribuiu para a ausência de realização de educação permanente. A escolha dos temas abordados na educação permanente baseia-se na prática cotidiana dos Agentes, no Plano Diretor da Atenção Básica, sendo geralmente escolhidos pelos coordenadores. **Conclusão:** assim, faz-se necessário sensibilizar quanto à importância da educação permanente para a qualificação do processo de trabalho dos ACS. **Descritores:** agentes comunitários de saúde, educação em saúde, saúde da família.

#### RESUMEN

**Objetivo:** conocer las acciones de educación permanente desarrolladas para los trabajadores de salud comunitarios en el municipio de Montes Claros-Minas Gerais. **Método:** estudio cualitativo realizado con 15 agentes comunitarios de salud. Los datos fueron recolectados a través de entrevistas y analizados utilizando el Discurso del Sujeto Colectivo. El estudio fue aprobado por el Comité de Ética en el Dictamen 880/2007. **Resultados:** en el 40% de los equipos estudiados, el proceso de educación permanente no se produjo. Los agentes reportaron que la sobrecarga de las actividades desarrolladas por el equipo contribuyó a la falta de finalización de la educación continua. La elección de los temas tratados en la educación permanente se basa en la práctica diaria de los agentes, en el Plan Director de Atención Primaria, siendo generalmente elegidos por los coordinadores. **Conclusión:** Por lo tanto, es necesario crear conciencia sobre la importancia de la educación continua para la cualificación de los procesos de trabajo de los ACS. **Descritores:** agentes comunitarios de salud, educación en salud, salud de la familia.

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## INTRODUCTION

The practice of permanent health education (EPS - in Portuguese) presents itself as a challenge evident in the daily work of professionals in the Family Health Strategy (FHS), in particular the Community Health Agents (ACS - in Portuguese).

Among the professionals who work in the FHS, the ACS have - as a mediator between the population and the health service, by means of educational, prevention of diseases and promotion and monitoring of health and as a social worker in the sense of organizing community and transform their living conditions.<sup>1</sup>

However, with the implementation of the FHS's role wereexpanded ACS, requiring new skills in political and social fields, especially related to health promotion, but in the meantime, the process of professional qualification that is still unstructured, fragmented, and in most cases, insufficient to develop the skills necessary for the proper performance of their role.<sup>2</sup>

Accordingly, it is considered that the EPS of the multidisciplinary team, especially the ACS, are critical for professionals to seek to meet the needs of families, directing the look and health actions beyond healing practices, incorporating other knowledge that enable this process of everyday interaction with families.<sup>3</sup>

Thus, the activities of EPS are shown as important resources for job qualification of the ACS, and also provide tools to help in reflection and construction of a practice based on shared management and seeking changes in daily work.

In this context, the National Policy for Continuing Education in Health (PNEPS), implemented by the Ministry of Health through the GM/MS n. 198/2004 and recast by decree GM/MS n. 1996/2007, sees EPS as an educational proposal that is intended for learning at work, where learning and teaching is incorporated into the daily life of organizations and work. Therefore, this proposal can be understood as learning-labor, as happens from everyday people and organizations, therefore, part of the problems in reality and the knowledge and experience of subjects.<sup>4-5</sup>

Based on the considerations mentioned above, the objective of this study was to identify the actions developed continuing education for Community Health Workers in the city of Montes Claros - Minas Gerais.

It is believed that this work will enable reflections concerning contributions of EPS for qualification of ACS and, consequently, for their work process, equipping them to deal with the complexity of the health-disease illness in their daily work.

## METHOD

This is a descriptive and exploratory study, of a qualitative character. The subjects were 15 ACS who worked in the Family Health Strategy of the city of Montes Claros - MG.

There were established as inclusion criteria: teams that worked in urban and ACS who were older than two years of experience in the profession, thus presenting a greater working relationship and experiences with the staff and community.

Each subject was selected by the number of the respective micro-areas; since each agent is represented by numbers coincide at all teams registered. And the informants were selected through random sampling of the number of micro area, which was the number 3.

We used the semi-structured interview as a tool for data collection. Based on the criterion of saturation occurred repeating information without new contributions, leading to the completion of 15 interviews that occurred during the year 2008.

The reports were analyzed according to the methodology of the Collective Subject Discourse (CSD) <sup>6</sup> given that the core ideas in the speeches individual gave rise to the collective discourse.

To meet the ethical aspects, the study was submitted for consideration by the Committee of Ethics in Research (CEP), State University of Montes Claros (UNIMONTES), being approved with Embodied Opinion No. 880, on November 23<sup>th</sup>, 2007.

For each one of the respondents was the defendant consent to participate in the study by signing the consent form.

## RESULTS AND DISCUSSION

The continuing health education is very important for execution of the work process of the Community Health Workers and the consolidation of the Family Health Strategy. This process took place in the teams studied as described in Table 1 below:

**TABLE 1-frequecy of completion of continuing education process in family health teams of the city of Montes Claros/MG, 2008.**

FREQUENCY	N
Monthly	07
Biweekly	01
Weekly	01
It isnotoccurring	06
<b>TOTAL</b>	<b>15</b>

Source: field research, 2008.



Continuing education provides a space for collective learning, resulting in the formation, production of subjectivity and work, aiming at coping and problem solving.<sup>7-8</sup>

However, in 40% of the teams surveyed this educational process did not occur, causing a loss in assisting the community, given that dialogue and listening teaching are not happening, which causes a difficulty in establishing the teamwork.

Agents reported aspects that contributed to lack of realization of the process of lifelong learning, characterized as hindering factors which are described below in the form of three central ideas and their DSCs.

**IC1-Overload of activities developed by the health care team because of incomplete formation of the teams, vacation and accumulation activities.**

The DSC-weekly meetings were always happening, but because of so many activities that the Family Health Program is to develop always have one month're tighter, which makes it difficult, because of schedules, meetings to go. So we ended up balking over these meetings, and now the year is over here, is it because the staff went on vacation're so mismatch of crew is so big, like goin so tumultuous,'re missing employee, we're making education once a month. So we stopped a little more training, but I believe it should start again, because it is very important (S2, S5, S8, S12, S14).

**IC2-Overload of activities due to the implementation of the master plan of health primary care.**

DSC-is thus already had a lot of training, but now decreased lately because we messing with the master plan, right, so sometimes're not taking time (S4, S7, S9, S10).

**IC3-Overload of activities as a result of meetings in the municipal health department.**

DSC-Always happens, always has one more month're tighter, which makes it difficult, because of schedules, meetings to go, there, where can we do, because it is very important (S5, S7, S8).

It can be seen through the DSC shown that continuing education is always devalued and sacrificed before the process of team work overload occurs when other activities because of lack of staff and/or outside activities proposed by the Municipal Health (SMS) and State Department of Health (SES - in Portuguese).

This situation is the opposite approach to the fundamentals of Primary mentioned in National Basic Policy<sup>9</sup>, which includes the valuation of professionals by encouraging and monitoring of education and professional training with the constant development of their skills and qualifications, and this is joint responsibility of SMS and SES.

The overhead of other activities also results in lack of motivation and lack of commitment, as there is repetition of themes, without the context of community needs, as mentioned in DSC below:

DSC-Ah, when it happens it's bad, you know, you know, because we sometimes we will talk about a topic that we had already spoken and we repeated that theme, you know? Why was not planning to talk

about what's right, you know? And then we go and repeat the above (S3, S5, S9, S12).

Therefore, it is necessary to have the planning of continuing education relating to the daily lives of agents.

Regarding the choice of topics to be addressed in continuing education, are described below in the form of three central ideas (IC) and their DSCs.

**IC1-The process of choosing the topics to be addressed in continuing education is based on the daily practice of the Health Workers through the lifting of the difficulties experienced, questions the community, local needs and epidemiological situations.**

DSC-You need to know, right to be able're passing information to the community, you know it can're taking a question from a person within the area of continuing education, and are generally cases that we bring to lifelong learning, are cases where we live are cases where we do not have an answer, we come and ask the doctor or nurse pro, they elaborate continuing education based on that, the whole team gives opinion, gives us opinion, gives our opinion, because it has the period equal to rainy, right, has the time of dengue. Then we talk about dengue, so each season has got much time that is giving, it is a respiratory infection, is not it, children get a cold too, we will talk about the flu, what is (S1, S2, S4, S6, S8).

Agents report that the work process must be rooted in the community, always in context and consistent with reality, taking into accounts the season and local problems.

Thus, the Continuing Education must be based on meaningful learning, incorporating dialogue-learn to do the day-to-day and collectively questioning and producing continuously, the solutions to the problems, in order to face the challenges produce changes in health institutions in order to bring them closer to the concepts of comprehensive care, humane and equitable.<sup>8,10</sup>

**IC2-The process of choosing the topics to be addressed in continuing education is based on the Master Plan for Primary Health Care**

DSC-If I do not mistake me, already the master plan, because she [nurse] working with us the master plan (S2, S4).

The Master Plan of Primary Health finds support in the responsibilities of the State Department of Health Among many others, to contribute to the reorientation of attention and skills of primary care, the agents can perceive as fundamental in the formation of all the team.<sup>11</sup>

**IC3-The process of choosing the topics to be addressed in continuing education is based on the choice of coordinators (nurse and doctor) during deployment team, then moving to the choice of agents, according to the community.**

DSC-Oh, in the beginning was the theme chosen by the staff team, for example, engineers, engineers chose the themes and passed for us, today they are already asking, you know, because we have seen a lot in this area, they ever wonder where he has difficulty, what we want, what you want to talk about what the people have asked, has charged, what you think is best're going pro staff, then we opines, right (S3, S5, S8, S9, S11).

This collective discourse demonstrates that initially the choice of theme was performed by the coordinators of the team but is currently having the participation of agents who come to exercise function also protagonists in the Family Health Strategy, through shared power and work team.

Thus, continuing education leads members of the healthcare team to take the construction of collective work, where all are facilitators of permanent education practices and encouraged to understand the scenario and its working relationship from questions about what, how, with whom, for what and for whom, resulting in reflective analysis on health scenarios, the actors and the work process, acting autonomously, creatively and power-sharing in search of (re) building of relationships within the team, between teams and between institutions.<sup>10</sup>

## CONCLUSION

The results showed that in 40% of the teams surveyed, the continuous education process did not occur, and the overload of activities in the FHS identified as complicating aspect.

Thus, we see that continuing education is always devalued and sacrificed before the process of team work overload occurs when other activities. It was found that the choice of the topic being addressed in ongoing education, based on the daily practice of Health Workers in Primary Care Plan and is generally chosen by the coordinators.

Thus, it is necessary to raise awareness about the importance of continuing education for the qualification of the working process of the ACS, so exploited for them to promote quality care. It is also important that the choice of topics of continuing education activities to be undertaken with the entire team at FHS, taking into account the reality experienced in the daily work of these teams.

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